



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	SL Start and Associates	Region(s):	4
Agency Type:	ResHab	Survey Dates:	9/6/2016 – 9/8/2016
Certificate(s):	RHA-222	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.203. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure	Review of agency documentation revealed the agency's orientation training logs did not include each of the rule required training topics. Survey staff was unable to verify that staff received initial and ongoing training required.	1. <i>Each new hire staff will complete new hire orientation training that includes each of the rule required training topics. Additionally, an addendum training will be completed with all current direct support staff to refresh them on the rule required training topics. SL Start's Idaho Training Department will meet on October 7, 2016 to revamp the training documentation to reflect IDAPA verbiage.</i> 2. <i>A review will be conducted for all employees to identify any missing new hire documentation. Re-training and on-going training will be documented and kept in the employees personnel file.</i>	12/1/2016



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that all employees and contractors receive orientation training in the following areas: (3-29-12)		<p><i>3. The Staff Training Coordinator has modified verbiage on our New Hire Orientation updated to match rule required training topics. Staff Training Coordinator along with the Program Supervisor will ensure all new hire paperwork is turned in to be placed in personnel files.</i></p> <p><i>4. The new New Hire Orientation paperwork will be reviewed by our internal QA/QI to assure compliance with IDAPA verbiage. Quarterly review of staff training will be completed by the Staff Training Coordinator.</i></p>	
<p>16.04.17.301.03.h</p> <p>301. PERSONNEL.</p> <p>03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following:</p> <p>h. Documentation of initial orientation</p>	<p>Review of agency documentation revealed the agency's initial orientation training log did not include each of the rule required training topics. Survey staff was unable to verify that staff received initial orientation training on each required topic.</p>	<p><i>1. Each new hire staff will complete new hire orientation training that includes each of the rule required training topics. Additionally, an addendum training will be completed with all current direct support staff to refresh them on the rule required training topics.</i></p> <p><i>2. A review will be conducted for all employees to identify any missing new</i></p>	12/1/2016



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and required training; and (7-1-95)		<p><i>hire documentation. Re-training and on-going training will be documented and kept in the employee's personnel file.</i></p> <p><i>3. Staff Training Coordinator along with the Program Supervisor will ensure all new hire paperwork is turned in to be placed in the personnel file.</i></p> <p><i>4. Bi-annual reviews will be completed on new hire staff to ensure their paperwork was turned into their personnel file.</i></p>	
<p>16.04.17.400.01.</p> <p>400.PARTICIPANT RECORDS.</p> <p>01. Participant Records. Each agency must have and maintain a written policy outlining the required content of participant records, criteria for completeness, and methodology to be used to ensure current and accurate records. An individual record must be maintained for each participant and retained for a period of three (3) years following the participant's termination</p>	<p>Review of agency's documentation for participant records in the home was not updated to include current and accurate medical condition. (participant 4).</p> <p>Participant 4: NKDA was listed on face sheet and then listed 3 medications that he was allergic to. His diagnosis of diabetes in Aug. 2014 was not listed on the face sheet at the home or in the agency file.</p>	<p><i>1. Face sheet was updated for participant 4 to include accurate diagnoses along with corrected drug allergies.</i></p> <p><i>2. A review will be completed for all participants in the program. The face sheets will be checked by the Program Supervisor and QIDP. Any discrepancies will be updated immediately.</i></p> <p><i>3. Program Supervisors and QIDPs will be responsible for keeping updated and accurate face sheets.</i></p>	11/1/2016



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of services. All entries made into a participant record must be dated and signed in ink. (3-20-04)		<i>4. Program Supervisors and QIDPs will review the information on the face sheet at the annual PCP meeting and the 180-review. Changes will be made immediately and new face sheets will be disbursed to the homes.</i>	
16.04.17.404.04. 404.COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS, AND OTHERS. The residential habilitation agency must promote participation of participants, legal guardians, relatives and friends in the process of providing services to a participant unless their participation is unobtainable or inappropriate as prescribed by the plan of service; and The residential habilitation agency must promote participation of participants, legal guardians, relatives and friends in the process of providing services to a participant unless their participation is unobtainable or inappropriate as	Review of agency documentation for participant files showed more than a twenty-four (24) hour delay in notifying the Department of Participant's condition. (participant 2 and 3). Participant 2: Incident occurred: 12-27-2015 Incident reported: 12-29-2015 Participant 3: Incident occurred: 6-19-2016 Incident reported: 6-21-2016	<i>1. Retraining on completing and submitting state IRs will be completed on October 4th, 2016 for all Program Supervisors. 2. Program Manager will review all state IRs to ensure compliance of reporting within 24 hours. 3. Program Supervisors will be responsible for completing and submitting all state IRs within 24 hours. 4. The Program Manager and/or Regional Director will be responsible for reviewing all state IRs prior to submission for timeliness.</i>	10/4/2016



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prescribed by the plan of service; and 04. Notification to Department of a Participant's Condition. Through a Department approved process, the agency must notify the Department within twenty-four (24) hours of any significant incidents affecting health and safety or changes in a participant's condition, including serious illness, accident, death, emergency medical care, hospitalization, adult protective services contact and investigation, or if the participant is arrested, contacted by, or under investigation by law enforcement, or involved in any legal proceedings. The events and the agency response to the events must be documented in the participant file. (3- 29-12)			

Agency Representative & Title: Chrissy Evans, Program Manager

Date Submitted: 10/3/2016



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<p>* By entering my name and title, I agree to implement this plan of correction as stated above.</p>	
<p>Department Representative & Title: Click here to enter text.</p>	<p>Date Approved: 10/6/2016</p>